

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Humanity Forward Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00712497 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Cohen, Lawrence, , ,		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2020 </div>	
Mailing Address 12006 Hammack Street, Apt. C		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 2127.59 </div>	
City State Zip Code Culver City CA 90230	Transaction ID : PDT.E.17 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2020 </div>		
Purpose of Expenditure Brochures and Postcards	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24E </div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Yang, Andrew, , ,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 73409.35 </div>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Cohen, Lawrence, , ,		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2020 </div>	
Mailing Address 12006 Hammack Street, Apt. C		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;"> 412.36 </div>	
City State Zip Code Culver City CA 90230	Transaction ID : PDT.E.40 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M M / D D D / Y Y Y Y Y Y 01 / 17 / 2020 </div>		
Purpose of Expenditure Online Ads	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 24E </div>	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Yang, Andrew, , ,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%;"> 73409.35 </div>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 2539.95 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deane, Shawnda, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2020

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Humanity Forward Fund		FEC IDENTIFICATION NUMBER ▼ C C00712497
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Cohen, Lawrence, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 17 / 2020
Mailing Address 12006 Hammack Street, Apt. C		Amount 500.00
City Culver City	State CA	Zip Code 90230
Purpose of Expenditure Design for Billboard	Category/ Type 24E	Transaction ID : PDT.E.42 Date of Disbursement or Obligation MM / DD / YYYY 01 / 17 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Cohen, Seth Adam, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 17 / 2020
Mailing Address 1740 Winona Blvd., #308		Amount 1650.00
City Los Angeles	State CA	Zip Code 90027
Purpose of Expenditure Brochures and Postcards	Category/ Type 24E	Transaction ID : PDT.E.29 Date of Disbursement or Obligation MM / DD / YYYY 01 / 17 / 2020
Name of Federal Candidate Yang, Andrew, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Deane, Shawnda, , ,

[Electronically Filed]

Date

MM / DD / YYYY
01 / 18 / 2020

Signature

NAME OF COMMITTEE (In Full) Humanity Forward Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00712497 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ➤ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	

Full Name of Payee Kayani, Hira, , ,		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>01 / 17 / 2020</div> </div>	
Mailing Address 1520 SW Expressway, Apt. 29		Amount <div> <div>3000.00</div> </div>	
City San Jose	State CA	Zip Code 95126	Transaction ID : EDT.E.64 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>01 / 17 / 2020</div> </div>
Purpose of Expenditure Campaign Consulting for Online Ads		Category/ Type 24E	
Name of Federal Candidate Yang, Andrew, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div>73409.35</div> </div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ►

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$ _____
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	_____	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	3000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	7689.95

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature